



Low Income - To be eligible for Services:

1. Each Adult in the home must be either:
 - (a) Working at least 30 hours a week at minimum wage or higher;
 - (b) Attending school full time (12 hours per semester); or
 - (c) Working and Attending School equal to 30 hours a week.

IN ORDER TO PROCESS YOUR CHILD CARE APPLICATION, THE FOLLOWING INFORMATION IS REQUIRED.

APPLICATION-

- ☐ Completed, signed, printed name and dated application (incomplete applications will be returned)

DOCUMENTATION REQUIREMENTS-

- ☐ Identification Driver's license, State issued ID, Birth Certificate or passport
- ☐ Birth certificate for each child in household (birth certificate, court issued name change documentation, marriage license, school records, medical record, Or official document that confirms date of birth)
- ☐ Social security copies for each household member (optional)
- ☐ Proof of residence, utility bill that lists address, State/Federal issued ID that lists address, completed current lease agreement that list address or current rent receipt/Mortgage Payment book that lists address.
- ☐ Proof of alien status for any household member who is not a U.S. citizen
- ☐ Copy of filed prior year tax return (1040 and Schedule C tax forms)

CHILD SUPPORT

- ☐ Proof of open child support case with OCSE
- ☐ Court Order for child support
- ☐ Receipt of child support amount received

INCOME -

- ☐ Earned Income - Supporting documents to include copies of consecutive check stubs.
 - paid weekly - last four (4)
 - paid bi-weekly (every two weeks) - last two (2)
 - paid semi-monthly (twice per month) - last two (2)
 - paid monthly - one (1) for last month
 - or Verification of Earnings (DCO - 97)
- ☐ Self-employed Income - 1040 Income Tax Return with Schedule- If self-employed less than one year DCC-575
- ☐ Unemployment Benefits/Workers compensation
- ☐ Social Security or SSI Benefits, VA Benefits/Pensions, Retirement income
- ☐ Rental and/or utility assistance payments
- ☐ Child Support / Alimony received for the last 3 months
- ☐ Tea/Work Pays
- ☐ Royalties
- ☐ Work Study income
- ☐ Contributions

SCHEDULES -

- ☐ Class Schedule for current / future Semesters
 - ☐ Grades: transcript, sealed document from registrar, report card, official school documentation
 - ☐ Trade Schools, Training Program or GED/Adult Education Showing satisfactory attendance and performance
- Note: Your Application must list each Adult's Work & School schedule

WELL CHILD CARE SCREEN - EPSDT

- ☐ Completed EPSDT Form, completed Well Child Screening form, or Preventative Care Visit. (Must be current within last 12 months)

You must complete ALL sections and sign OR the application will be returned to you.							Today's Date:		
APPLICANTS MAY RECEIVE UP TO FIVE YEARS OF CHILD CARE SERVICES PENDING THE AVAILABILITY OF FUNDS									
CASEHEAD INFORMATION: Must be 18 years and over or an emancipated minor and have physical custody of the child/children requiring child care services.									
Social Security # (Optional)	First Name MI Last Name		Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race (see codes):		
Mailing Address		City / State		ZIP	U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone /Cell () -		
Street Address		City / State		County	ZIP	Message Phone () -			
Highest Grade Completed	# of Parents in home	Primary Language	Have you ever received TEA or ESS Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently enrolled in ARKids First? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please select which program enrolled in: <input type="checkbox"/> ARKids A <input type="checkbox"/> ARKids B		
			If no, do you have private medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Email Address:									
EPSDT/WEEL CHILD SCREEN NOTIFICATION: The Division of Child Care and Early Childhood Education which provides assistance to families striving towards self-sufficiency with child care needs requires proof of an age appropriate EPSDT (Well Child Care Screen), for each child receiving child care , in order to receive child care services.									
HOUSEHOLD INFORMATION: Include information for ALL persons living in household. Do not include yourself. Attach additional sheets if necessary.									
Social Security #	First Name MI Last Name	Date of Birth	Gender	Race (see codes)	Citizen/Legal Resident	Relationship to Casehead	Child Care needed?	List any Special Needs	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Use these codes to describe your race(s):		A = Asian B = Black/African American H = Native Hawaiian/Pacific Islander I = American Indian or Alaskan Native S = Hispanic/Latino W=White/Caucasian							
Ethnicity:		Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>							
CHILD CARE INFORMATION: Complete information below for ALL children who require child care.									
Child's Name	Age	Name of Child Care Participant Selected:	Is child now attending?	Is participant a relative?	If yes, list relationship:	List days and hours of care you need for this child	Child Attend ABC or Head Start	List School Attending:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT/SCHOOL: Adults in the household must be employed 30 hours per week, be enrolled in school full-time or qualify as a working student.									
Name:	Career Pathways?	List work/school schedule below (include travel time):							If in school, list major or course of study:
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Employer/School:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Name:	Career Pathways?	School Information: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter Start Date: End Date: Hours Enrolled:							
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	If in school, list major or course of study:
Employer/School:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Name:	Career Pathways?	School Information: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter Start Date: End Date: Hours Enrolled:							
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	If in school, list major or course of study:
Employer/School:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Name:	Career Pathways?	List work/school schedule below (include travel time):							If in school, list major or course of study:
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Employer/School:	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Name:	Career Pathways?	School Information: <input type="checkbox"/> Semester <input type="checkbox"/> Quarter Start Date: End Date: Hours Enrolled:							
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	If in school, list major or course of study:
Employer/School:	<input type="checkbox"/> Yes <input type="checkbox"/> No								

HOUSEHOLD INCOME: Proof of ALL household income must be provided and frequency noted: Weekly, Bi-Weekly, Twice Monthly, Monthly												
Name of Person Receiving	Wages		Child Support		SSI		SSA		TEA/Work Pays		Other	
	Amt	Frequency	Amt	Frequency	Amt	Frequency	Amt	Frequency	Amt	Frequency	Amt	Frequency

Non-Cash Income: Please provide the following information

Do you receive SNAP? ☐ Yes ☐ No If Yes, What is your monthly benefit? _____

Do you receive housing assistance? ☐ Yes ☐ No If Yes, What is the amount of your monthly housing choice voucher? _____

Do you receive utility assistance? ☐ Yes ☐ No If Yes, What is your monthly benefit? _____

RIGHTS AND RESPONSIBILITIES: Read carefully and sign at the bottom.

1. You cannot be denied child care assistance on the basis of race, color, sex, age, disability, religion, national origin, political belief. Social Security Numbers for children shall be used for identification purposes and are required for eligibility.
2. You may choose any child care participant that meets the requirements of DHS and the Child Care Assistance Program.
3. Information you provide will not be released without your written consent, except to parties allowed by law. Your name and Social Security Number may be furnished to employers, government agencies, educational institutions or any other party deemed necessary by DHS to determine your eligibility. DHS will cross-reference information provided to other governmental programs.
4. If any adverse action is taken on your application or child care case, excluding overpayment and fraud, you have the right to an Internal Review. You may appeal the decision of the Division Director by sending a written request to: Arkansas Department of Human Services, Office of Appeals and Hearings, P.O. Box 1437, Slot N-401, Little Rock, AR 72203.
5. You must help establish your eligibility by **FULLY** completing this application and providing all information pertaining to your circumstances. Providing false information or withholding information may result in denial or termination of child care assistance.
6. You must report **ALL CHANGES** to your Program Eligibility Specialist (PES) within ten (10) days of the change. Supporting documentation for all changes must be submitted to your PES when you report any changes. These changes include but are not limited to: Address or Telephone, Household Members, Birth of a Child, Maternity Leave, Employment, Child Care Needs, Training/Education Hours or Monthly Income. Failure to report changes that affect your eligibility may result in your case being closed and a referral to the Overpayment or Fraud Unit. You are responsible for any overpayments resulting from changes in your eligibility.
7. You understand that DHS will not retroactively pay or reimburse you for child care expenses. DHS will pay for child care the day eligibility requirements have been met and you are approved for services.
8. You agree to cooperate in any DHS investigation concerning your case. You understand that failure to cooperate will result in termination of assistance.
9. You understand that in order to receive child care services, you must provide proof of an age appropriate EPSDT (Well Child Care Screen), every 12 months, for each child(ren) that you are requesting child care assistance.
10. If you wish to change child care participants, you must submit a Child Care Arrangement Verification Form (DCC-552) along with a Change Request Form (DCC-553), to your assigned PES and allow up to 10 days for processing. You should also notify your child care provider of the change. If notification is not given, you will be responsible for any payments to the new child care participant until the change is processed.
11. If you exceed the allowable absentee days within a month/trimester for your child(ren), you will be responsible for payment of child care services due to the child care participant.
12. Low Income eligibility requires adults in the household to be employed 30 hours per week, be enrolled in school full-time or qualify as a working student (See below for student details).
13. ESS eligibility requires the following employment hours per year: 1st year – 20 hours per week, 2nd year – 25 hours per week *
14. ESS eligibility requires employment to receive child care assistance. An ESS client will be ineligible for child care assistance effective the date the ESS client becomes unemployed.
15. Lifetime limit of services (Low Income) is sixty (60) months per casehead.
16. You understand that in order to receive child care assistance, you must attend a scheduled (1 time per 365 days) face-to-face meeting and complete a Family Self-Sufficiency Assessment Review.
17. You understand that in order to receive child care assistance, you must either be receiving child support, have an open child support case with the Office of Child Support Enforcement (OCSE), or open a case with the OCSE.

STUDENTS ONLY: Students enrolled in education or training programs must maintain full-time status to retain eligibility. Full-time for students is as follows: 12 hours per semester, 9 hours per quarter, 6 hours per Summer Session. Grade reports are checked each term to verify completion of courses. If you reduce your hours, you **MUST** report this to your PES within ten (10) days, and you will be required to obtain work of up to 30 hours per week to remain eligible for assistance. Grades are checked at the end of every full term in which you receive assistance. You must maintain a "C" average (2.00 GPA) in order to continue receiving assistance. If you drop below a 2.00 average, you will be placed on academic probation for one (1) term. If your grades do not meet this requirement the following semester, the case will be closed, unless the student obtains employment at a minimum of 30 hours per week within 30 days.

CERTIFICATION: I certify that I have read and understand my Rights and Responsibilities. I authorize DHS to collect information from other sources to determine my eligibility for assistance. I authorize any source DHS deems necessary to determine eligibility to release information concerning me. I certify under penalty of perjury and fraud that all information I have supplied is true and correct. I understand that giving false information or withholding information may result in denial or termination of child care assistance or criminal prosecution, and the repayment of financial assistance made on my behalf.

Signature

Print Name

Date

FAMILY SELF-SUFFICIENCY ASSESSMENT

PERSONAL DATA

Case #: _____ E-Mail Address: _____

Name: _____
Last First Middle

YOUR FAMILY

How many people are living in your household? _____ How many children need child care? _____

What help do you think you could get from family and friends? _____

AGENCIES/ORGANIZATIONS YOU PRESENTLY WORK WITH

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Arkansas Support Network | <input type="checkbox"/> Arkansas Better Chance | <input type="checkbox"/> ARKids | <input type="checkbox"/> Boys and Girls Club |
| <input type="checkbox"/> Career Pathways | <input type="checkbox"/> Child Care Resource and Referral Agencies | <input type="checkbox"/> Child Care Scholarships | <input type="checkbox"/> Child Support Enforcement Unit |
| <input type="checkbox"/> Community Care Clinic | <input type="checkbox"/> Credit/Debt Counseling Services | <input type="checkbox"/> DDS | <input type="checkbox"/> Diverted TEA |
| <input type="checkbox"/> DWS | <input type="checkbox"/> Educational Financial Aid | <input type="checkbox"/> English as a Second Language(ESL) Assistance | <input type="checkbox"/> Food Banks |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> HUD | <input type="checkbox"/> Immigration Assistance | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Non-Federal Housing Assistance | <input type="checkbox"/> Other Shelters | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Safelink Wireless | <input type="checkbox"/> Single Parent Scholarship | <input type="checkbox"/> SNAP | <input type="checkbox"/> Summer Food Sites |
| <input type="checkbox"/> TEA | <input type="checkbox"/> Teen Parent Support Groups | <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Utility Assistance (LIHEAP) |
| <input type="checkbox"/> Other (Please list) _____ | | | |

YOUR WORK HISTORY

How many jobs have you had in the past 2 years? _____ Of those jobs, what types of work did you do? _____

What have you liked most about the jobs you have had in the past? _____

What caused you to seek other employment? _____

Are there any resources that would have helped you stay employed? _____

Have you participated in volunteer work or community services? _____ If so, what types? _____

What's keeping you from working now? _____

What steps will you take to get the job you want? _____

YOUR EDUCATION

Do you have any plans for training or furthering your education? _____

Are there any skills that would help you work in the field of your choice? _____

YOUR FINANCES

Do you have a monthly budget for your family? _____ If no, do you know how to create one? _____

Are there any present financial problems that could affect your ability to stay employed?

- ☐ In danger of eviction ☐ Utility Shut-off ☐ Debts that could cause wage garnishments
☐ Other (Please list) _____
-

YOUR GOALS

What help does your family need? (Check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> transportation assistance | <input type="checkbox"/> how to look for work | <input type="checkbox"/> work experience | <input type="checkbox"/> education and/or training |
| <input type="checkbox"/> obtaining child support | <input type="checkbox"/> help with drug/alcohol abuse | <input type="checkbox"/> help with emotional problems | <input type="checkbox"/> help with domestic violence problems |
| <input type="checkbox"/> help with low self-esteem | <input type="checkbox"/> driver's license/citizenship | <input type="checkbox"/> telephone or a reliable communication | <input type="checkbox"/> work clothing, tools or other work necessities |
| <input type="checkbox"/> Other (Please list) _____ | | | |
-

Self-Sufficiency Agreement

The mission of the Child Care Assistance Program is to assist families striving towards self-sufficiency with their child care needs by providing resources, information and referrals.

Name: _____ Case Number: _____ Date: _____

My Short Term Goal(s): _____

My Long Term Goal(s): _____

My Action Steps	Date Due

Referrals made by Program Eligibility Specialist	Date

Agreement:

- I have been part of the decision making and understand that the above agreement requires my participation and cooperation.
- I have received a copy of this agreement and my Rights & Responsibilities.
- I will notify my worker if any changes occur in my present situation that may require an adjustment to this plan.
- By refusing to complete this assessment and sign this Family Self-Sufficiency Agreement, I understand that I will no longer be eligible for child care assistance.

Signature: _____

Date: _____

Signature: _____

Date: _____

Program Eligibility Specialist

This is a Plan for Your Future!



ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Child Care and Early Childhood Education

Child Care Arrangement Verification

This is NOT an approval for services.

Name of Casehead/Applicant _____

The information below must be completed by the CHILD CARE PROVIDER where children are either currently attending or will be attending.

CHILD CARE PROVIDER: List children of casehead who are enrolled and complete all applicable information for each child. Return form to casehead upon completion.

Child's Name	Age	Start Date	Head Start/ABC	Type of Service Requested	Time of Service Requested	Cost Per Day
			<input type="checkbox"/> Head Start (Full Day) <input type="checkbox"/> Head Start (Half Day) <input type="checkbox"/> ABC	<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time	____ am ____ am ____ am ____ pm ____ am ____ pm	\$
			<input type="checkbox"/> Head Start (Full Day) <input type="checkbox"/> Head Start (Half Day) <input type="checkbox"/> ABC	<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time	____ am ____ am ____ am ____ pm ____ am ____ pm	\$
			<input type="checkbox"/> Head Start (Full Day) <input type="checkbox"/> Head Start (Half Day) <input type="checkbox"/> ABC	<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time	____ am ____ am ____ am ____ pm ____ am ____ pm	\$
			<input type="checkbox"/> Head Start (Full Day) <input type="checkbox"/> Head Start (Half Day) <input type="checkbox"/> ABC	<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time	____ am ____ am ____ am ____ pm ____ am ____ pm	\$
			<input type="checkbox"/> Head Start (Full Day) <input type="checkbox"/> Head Start (Half Day) <input type="checkbox"/> ABC	<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time	____ am ____ am ____ am ____ pm ____ am ____ pm	\$
			<input type="checkbox"/> Head Start (Full Day) <input type="checkbox"/> Head Start (Half Day) <input type="checkbox"/> ABC	<input type="checkbox"/> Full Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Half-Time <input type="checkbox"/> Part-Time	____ am ____ am ____ am ____ pm ____ am ____ pm	\$

***Types of Service:**

- Full Day: More than 5 hours per day and up to 10 hours
- Half-Time: 3-5 hours per day, inclusively (Hours do not have to be consecutive.)
- Part-Time: Less than 3 hours per day
- Night: Weekday when more than ½ of total care is after 6:00 p.m.
- Weekend: Care on Saturday and/or Sunday

Signature of Facility Director of Designee		Print Name	
Name of Child Care Facility		Telephone Number	
Mailing Address	City	Zip Code	County
<input type="checkbox"/> YES <input type="checkbox"/> NO	License No. Quality Approved?		

Check type of facility: ☐ Child Care Center ☐ Licensed Child Care Family Home ☐ Registered Child Care Family Home
☐ Voluntary Registered Home ☐ Other: _____

Casehead: Complete and return this form to your Child Care Eligibility Specialist. If you have any questions, please contact your specialist or the Family Support Unit at 1-800-322-8176 or 501-682-8947.